

| | | | | | | | |
|-------------|--|--|--|--|--|---------------------------------|-------------|
| CLAIMS ONLY | | | | | | Application Number 10/676958 | Filing Date |
| | | | | | | Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|--|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | |
| 1 | / | | | | | | 51 | | |
| 2 | / | | | | | | 52 | | |
| 3 | / | | | | | | 53 | | |
| 4 | / | | | | | | 54 | | |
| 5 | / | | | | | | 55 | | |
| 6 | / | | | | | | 56 | | |
| 7 | / | | | | | | 57 | | |
| 8 | / | | | | | | 58 | | |
| 9 | / | | | | | | 59 | | |
| 10 | / | | | | | | 60 | | |
| 11 | / | | | | | | 61 | | |
| 12 | / | | | | | | 62 | | |
| 13 | / | | | | | | 63 | | |
| 14 | / | | | | | | 64 | | |
| 15 | / | | | | | | 65 | | |
| 16 | / | | | | | | 66 | | |
| 17 | / | | | | | | 67 | | |
| 18 | / | | | | | | 68 | | |
| 19 | / | | | | | | 69 | | |
| 20 | / | | | | | | 70 | | |
| 21 | / | | | | | | 71 | | |
| 22 | / | | | | | | 72 | | |
| 23 | / | | | | | | 73 | | |
| 24 | / | | | | | | 74 | | |
| 25 | / | | | | | | 75 | | |
| 26 | / | | | | | | 76 | | |
| 27 | / | | | | | | 77 | | |
| 28 | / | | | | | | 78 | | |
| 29 | / | | | | | | 79 | | |
| 30 | / | | | | | | 80 | | |
| 31 | | | | | | | 81 | | |
| 32 | | | | | | | 82 | | |
| 33 | | | | | | | 83 | | |
| 34 | | | | | | | 84 | | |
| 35 | | | | | | | 85 | | |
| 36 | | | | | | | 86 | | |
| 37 | | | | | | | 87 | | |
| 38 | | | | | | | 88 | | |
| 39 | | | | | | | 89 | | |
| 40 | | | | | | | 90 | | |
| 41 | | | | | | | 91 | | |
| 42 | | | | | | | 92 | | |
| 43 | | | | | | | 93 | | |
| 44 | | | | | | | 94 | | |
| 45 | | | | | | | 95 | | |
| 46 | | | | | | | 96 | | |
| 47 | | | | | | | 97 | | |
| 48 | | | | | | | 98 | | |
| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| Total Indep | 3 | | | | | | Total Indep | | |
| Total Depend | 27 | | | | | | Total Depend | | |
| Total Claims | 30 | | | | | | Total Claims | | |